PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used appropriate. All further correspondence including indicated unless corrected below or directed of maintenance fee notifications.	for transmitting the ISSU on the Patent, advance on herwise in Block 1, by (a				
CURRENT CORRESPONDENCE ADDRESS (Note: Use B	70 F	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
COOPER & DUNHAM, LLP 30 Rockefeller Plaza 20th Floor NEW YORK, NY 10112			Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
09/18/2009 CCHAU2 00000041 033125 09997894			Paul-To	38 ()	(Depositor's name)
				Ling	(Signature)
01 FC:2501 755. 02 FC:1504 300.00 DA	00 OP	l	Sept. 14.	2009	(Datc)
3 FARMATION NO. 9.00 DAFILING DATE		FIRST NAMED INVENT	OR	ATTORNEY DOCKET	NO. CONFIRMATION NO.
09/997,894 11/30/2001 Michael Hutchinson 0922/63690 4202					
TITLE OF INVENTION: MRI DETECTION A PALSY	ND STAGING OF PARK :	KINSON'S DISEASE A	ND DETECTION O	F PROGRESSIVE SUP	PRANUCLEAR
APPLN TYPE SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	JE PREV. PAID ISSU	E FEE TOTAL FEE(S)	DUE DATE DUE
nonprovisional YES	\$755	\$300	· \$0 P	ro did- aet rêbêin	e the following 009
EXAMINER	NER ART UNIT		d (tem(s) \$ 755 c70;		
SMITH, RUTH S 3737		600-410000			
1. Change of correspondence address or indication	2. For printing on th	e patent front page, l	st		
CFR 1.363). ☐ Change of correspondence address (or Chandress form PTO/SB/122) attached.	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a				
"Fee Address" indication (or "Fee Address PTO/SB/47; Rev 03-02 or more recent) attack Number is required.	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DAT.					
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.					
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)					
ADVANCED MRI TECHNOLOG	SEBASTOPOL, CALIFORNIA				
Please check the appropriate assignee category of	r categories (will not be pr	rinted on the patent):	Individual 🖾 C	orporation or other priva	ate group entity Government
4a. The following fee(s) are submitted: X Issue Fee	41	b. Payment of Fee(s): (I		ny previously paid issu	ne fee shown above)
Publication Fee (No small entity discount	Payment by credit card. Form PTO-2038 is attached.				
Advance Order - # of Copies(3)	The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 03-3125 (enclose an extra copy of this form).				
5. Change in Entity Status (from status indicate X a. Applicant claims SMALL ENTITY stat	•	☐ b. Applicant is no	longer claiming SMA	LL ENTITY status. See	37 CFR 1.27(g)(2).
NOTE: The Issue Fee and Publication Fee (if req	uired) will not be accepte	d from anyone other tha			
interest as shown by the records of the United St	ates Patent and Trademark	Office.			
Authorized Signature	ang	 	Date_Sept	ember 14, 200)9
Typed or printed name Paul Ten	8 0		Registration	No. 40	0,837
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process)					

an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.